

disorders. The anti-asthma drugs have a choice position, but chemotherapy for lung cancers and antibiotics are also studied. As the book has been written from a pharmacological point of view, the treatment of asthma (for example) is analytical; there is no synthesis and no strategy (it is not the aim of the book).

One of the best qualities of *Drugs and the lung* is the large quantity of references: 651 for glucocorticosteroids. They are analysed and discussed in depth.

In the second section (seven chapters out of 16), drugs which are under investigation are discussed. The so-called 'anti-leukotrienes' (antagonists and inhibitors) have only a brief mention. Zileuton is close to being marketed and is more promising than PAF-antagonists (at least in the very near future). There is no mention of gene therapy.

This book is well-documented and should be of great interest to clinicians and students.

β -agonists are the subject of the first chapter (glucocorticosteroids could have been another good choice to emphasize its importance). The mechanism of action is briefly summarized and it is quite surprising to note that the effects of β_2 -agonists on inflammatory cells have been discussed in depth, as compared to their effects on smooth muscles. The regular use of β_2 -agonists in asthmatics has been clearly discussed: the conclusion is that this subject is highly controversial but the author suggests their use on a prn basis. However, the new long-acting β_2 -agonists (by inhalation and *per os*) could modify the strategy and will have to be evaluated completely.

Anti-cholinergic therapy has been clearly reviewed by Professor P. Barnes. The understanding of the receptor subtype is very important: hence six explanatory figure in this short chapter.

Xanthines are the object of some controversy and I would like to add my contribution: the authors forgot to mention that Laënnec also recommended to his patients to drink coffee! More seriously, it is very surprising that the mechanism of action is so badly understood. The authors performed several works and suggest that theophylline could have anti-inflammatory properties. I would also like to add my personal contribution, based on my daily clinical expertise; most of the asthmatics who tolerate theophylline are very compliant to this drug and their asthma worsens if they stop (for any reason).

The chapter on glucocorticosteroids is probably the most interesting, as well as the longest (more than 100 pages). All the aspects of these unique drugs have been developed in depth. The authors have been able to explain clearly the mechanisms of action from the

DNA site to the patient. The treatment of asthma is discussed, as expected, but also the other lung disorders.

Prophylactic anti-asthma drugs (cromoglycate and nedocromil) are the subject of a specific chapter, which also includes anti-histamines. These are clearly indicated in the treatment of rhinitis, and not in asthma. However, the improvement of the rhinitis could have some effect on the airways. This aspect could have been discussed.

One chapter has been entitled 'immunosuppressive agents'. In fact it should have been entitled 'steroid sparing drugs', because all these indications have been used with this objective and because the mechanism of action is the subject of controversy.

The chapter on chemotherapy in lung cancer aims to define the respective place of chemotherapy, radiation therapy, immunotherapy and surgery in the treatment of both small cell and non-small cell lung cancers.

It is noteworthy that dealing with such an extensive topic in a very limited place is a real challenge. From this point of view, this is a good chapter. However, there are some weaknesses. It might be interesting to emphasize recent advances, such as:

- Mixed small cell–non-small lung cancer;
- Negative survival effect of slight dose reduction during the first cycle of SCLC chemotherapy;
- Use of cytokines as maintenance therapy in responder SCLC patients (at least, to say that the studies are, at that point, negative);
- Prognostic effect of combined chemotherapy–radiation therapy in limited small cell lung cancer;
- Timing of radiation therapy in combined modality treatment; and
- Recommendations on use of haematopoietic growth factor as adjunct to SCLC chemotherapy.

J. L. Pujol and PH Godard

Biopsy interpretation of the lung

Y. SHIMOSATO AND R. R. MILLER

New York: Raven Press, 1995, 406 pages, \$107.50.

Biopsy interpretation of the lung by Shimosato and Miller is a volume in the Biopsy Interpretation Series by Raven Press. It is a small book compared with several very extensive new additions of lung pathology books published within the last couple of years. But it is good!

Part I (11 chapters) deals with infiltrative lung disease and Part II (14 chapters) with benign and malignant tumours (including those of pleura).

In general, the book is well written and logically structured. I think it is relevant and sound judgement that the authors stress again and again that a diagnosis is best achieved when one combines clinical aspects with the results of other investigations, including biopsy. In particular, Part I clearly states that biopsy is not always indicated – something which authors of pathology books sometimes tend to forget to write about. The authors are also level-headed when discussing differential diagnoses. Only regarding benign nodular epithelial tumour of bronchioloalveolar region/papillary adenoma of type II pneumocytes/sclerosing hemangioma (type II pneumocytoma) and the crucial question: is it benign/malignant, do I think the text pretends more than reality holds.

Although a small book, relevant information is present on modern thoughts of pathogenesis and methodologies (especially immunohistochemistry). The figures are black and white but of extremely good quality and relevance. I can just tolerate the many abbreviations – it saves space, but actually they are somewhat disturbing and irritating. The references are generally relevant and new, and the index is adequate.

This textbook on biopsy interpretation of lung pathology will be of daily use in many practices. It is composed in a classical way, no fuss, but is well done, succinct and to the point. In my opinion, it is a good buy at a sensible price.

U. Baandrup